

Company name: _____ Date: _____
 Street / P. O. Box: _____
 Zip code, place: _____

An das
 Karlsruher Institut für Technologie
 SUM Strahlenpassstelle
 Hermann-von-Helmholtz-Platz 1
 76344 Eggenstein-Leopoldshafen

Email: Personendosis-Register@kit.edu **Fax:** 0721 608-992001

Confirmation

The persons listed below are no occupationally exposed persons according to Article 71 of the Radiation Protection Ordinance from 2018-11-29 (StrlSchV).

We also confirm that the dose limits of these persons are monitored by us according to Article 80 of the Federal Radiation Protection Act (StrlSchG) 1 mSv per calendar year.

Last name	First name	Date of birth	Employment in controlled areas in the current calendar year	
			No:	Yes: Pre-dose in the calendar year in mSv
			<input type="checkbox"/>	<input type="checkbox"/> :
			<input type="checkbox"/>	<input type="checkbox"/> :
			<input type="checkbox"/>	<input type="checkbox"/> :
			<input type="checkbox"/>	<input type="checkbox"/> :
			<input type="checkbox"/>	<input type="checkbox"/> :
			<input type="checkbox"/>	<input type="checkbox"/> :

Expected operation:

Operation area (building / institute): _____
 from: _____ to: _____

 Name / signature of the person responsible of the company and stamp

Processing note by SUM-ST-A:	
Bearbeitung:	_____ am: _____ von: _____
Abmeldung zum:	_____
Dosisbescheinigung:	_____ am: _____ von: _____
versendet	_____